

Response to Restriction Requirement

TOWNSEND and TOWNSEND and CREW LLP

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Attorney Docket No. 15280P-001000US

Client Ref No. E-160-98/0

In re application of: Peter L. Collins, et al.

Application No.: 09/291,894

Filed: April 13, 1999

Group Art Unit: 1642

For: PRODUCTION OF ATTENUATED CHIMERIC
RESPIRATORY SYNCYTIAL VIRUS VACCINES FROM
CLONED NUCLEOTIDE SEQUENCES

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Date: January 22, 2001

I hereby certify that this is being deposited with the United States
Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents
Washington, D.C. 20231

Signed: _____

RECEIVED

JAN 26 2001

Sir:

TECH CENTER 1600/2900

Transmitted herewith is a Response to Restriction Requirement in the above-identified application.

Also enclosed, please find:

☒ Return of Supplemental IDS, received by the U.S. PTO on December 4, 2000, and sent to Applicants in error with Office
Action dated December 20, 2000.

If any extension of time is needed, then this response should be considered a petition therefor.

The filing fee has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 65	MINUS	** 65	= 0
INDEP.	* 3	MINUS	*** 3	= 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
RATE	ADDIT. FEE
x \$9.00 =	
x \$40.00 =	
+ \$135.00 =	
TOTAL ADDIT. FEE	

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
x \$18.00 =	\$0.00
x \$80.00 =	\$0.00
+ \$270.00 =	
TOTAL	\$0.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

☐ Claims fee

☒ Any additional fees associated with this paper or during the pendency of this application.

NO extra copies of this sheet are enclosed.

Customer No. 20350

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